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CONFIRMATION NO. 9994

Bib Data Sheet

|                             |                                   |              |                        |  |
|-----------------------------|-----------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/063,550 | FILING DATE<br>05/02/2002<br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3736 | ATTORNEY<br>DOCKET NO.<br>GEMS8081.091 |
|-----------------------------|-----------------------------------|--------------|------------------------|--|

**APPLICANTS**

Eddy B. Boskamp, Menomonee Falls, WI;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/13/2002**

|                                 |  |                  |                |              |                    |
|---------------------------------|--|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>TL</i> | WI               | 2              | 22           | 3                  |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____  |                  |                |              |                    |

**ADDRESS**

27061

**TITLE**

Wireless RF module for an MR imaging system

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>776 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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